



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E426141**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

CASE #	15-001265
LOCAL AGENCY CODING	0664
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
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M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 05 - 20 - 2015	1132	31		
				N <input type="checkbox"/> E <input type="checkbox"/> IN <input checked="" type="checkbox"/> OF 0664
				S <input type="checkbox"/> W <input type="checkbox"/>

ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>	BLOCK NO. <input checked="" type="checkbox"/>	2102
127 DR NE	MILE POST <input type="checkbox"/>	

DISTANCE	OF (REFERENCE OR CROSS STREET)
MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/>	
FEET <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	UNKNOWN	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	
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CITY	ST	ZIP
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX U	D.O.B. MMDDYYYY
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 9	RESTR. 9	EJECT 9	HELMET USE 9	INJURY CLASS 0	NATURE OF INJURIES
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LICENSE PLATE #	UNKNOWN	STATE WA	VIN#
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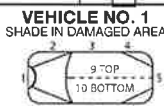
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE UNKN	MODEL UNKNO	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	UNKNOWN	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	
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CITY	ST	ZIP
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX U	D.O.B. MMDDYYYY
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 9	RESTR. 9	EJECT 9	HELMET USE 9	INJURY CLASS 0	NATURE OF INJURIES
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LICENSE PLATE #	AUL5886	STATE WA	VIN# 5N1AR2MMOEC718586
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR 2014	MAKE NISS	MODEL PATHFIN	STYLE 4W	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	MARTA TRIDLE 504 FOWLER MATTAWA WA 99349 D: 3603190859
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # UNKNOWN
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
ROBERT MINER	095	WA0311900



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E426141**

CASE # **15-001265**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Owner of Unit #2 went on vacation from 5-10-15 to 5-20-15. While on vacation, owner of Unit #2 parked it in front of her son's residence. She picked the car up today and drove it to Home Depot. While at Home Depot, she noticed damage to the front right corner of the car. The impact was low to the ground and bent the passenger side front quarter panel. Owner of Unit #1 does not know if this occurred while at her son's residence or at Home Depot.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

ROBERT MINER

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

05-20-15 03:18 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

5/20/2015 3:19:23 PM

BADGE OR ID #	095	ORI #	WA0311900	TIME POLICE DISPATCHED	11:32 AM	TIME POLICE ARRIVED	11:32 AM
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REPORT NO. E426141

CASE # 15-001265

**DATE AND TIME
OF COLLISION** 05/20/15 11:32

DID NOT OBSERVE. LOCATION OF INCIDENT IS UNKNOWN. NO DIAGRAM

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-1265

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) TRIDLE, MARTA J	RACE C	ETH	SEX F	DOB 61-09-1952	AGE 63	HGT 5'3"	WGT 130	HAIR Brown	EYES Hazel
STREET ADDRESS 504 FOWLER LAKE SW		CITY MATTAWA			STATE WA	ZIP 99349	RES. STATUS			
HOME PHONE		CELL PHONE 360-319-0859			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS MITSKIBIKE@AOL.COM								

I, Marta J. Tridle, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

VEHICLE WAS PARKED AT MY SON'S HOUSE FROM 5-10-15 TO 5-20-15 WHILE I WAS ON VACATION (2108 & 127th DRIVE NE, LAKE STEVENS, WA.)
WENT to Home Depot on 5-20-15 & upon RETURNING to my car noticed DAMAGE to wheel well & Front Bumper. Do NOT know when damage occurred.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Marta J. Tridle</u>	DATE SIGNED 5-20-15	LOCATION SIGNED LAKE STEVENS
OFFICER/NUMBER: <u>mines</u>	DATE SIGNED 5/20/15	LOCATION SIGNED LK STEVENS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

Incident History for: #SS15009668

Case Numbers: \$SS15001265

Entered 05/20/15 11:32:00 BY SPDP17 SP0241
Dispatched 05/20/15 11:32:00 BY SPDP17 SP0241
Enroute 05/20/15 11:32:00
Onscene 05/20/15 11:32:00
Closed 05/20/15 11:41:05

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1620 Map Page: 377J-6 Group: SS1 Beat: Src

Loc: 2102 127 DR NE , LKS btwn 20 ST NE & DEAD END (V)

Loc Info:

Name:	Addr:	Phone:
/1132 (SP0241) \$OUTSRV	, NO MORE INFORMATION	
/1132 DISPOS 19S13	#SS95 MINER, SGT (ROBERT)	
	, NO MORE INFORMATION	
/1133 (***** REMINQ 19S13	AUL5886	
/1133 (SP0241) REMINQ 19S13	LIC, 19S13, AUL5886, , ,	
/1133 ASNCAS 19S13	\$SS15001265	
/1141 CHANGE	LOC: LKS PD --> 2102 127 DR NE , LKS,	
	BLK: --> SS001	
/1141 CLEAR 19S13	D/H	
/1141 CLOSE 19S13		